

# **COMMUNITY PARAMEDICINE**

**EMERGENCY MEDICAL SERVICES COMMUNITY BASED HEALTHCARE  
MANAGEMENT**



# **FORT DODGE COMMUNITY PARAMEDICINE**

- **STARTED AROUND 2014**
  - **MARY KRUSE AND TROY MARTENS WERE INTEGRAL**
- **READY, FIRE, AIM**
- **EVIDENCE BASED PROJECT**
- **STARTED WITH JUST REFERRAL SYSTEM**
  - **NOW DO IM SHOTS**
  - **HAVE DONE SOME TRANSPORTS**
  - **ALWAYS IN COLLABORATION**



# Community Paramedicine

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## What is *Community Paramedicine*

A nationally emerging initiative to utilize on duty Paramedics to perform in home visits on patients that lack resources to stay healthy in their home.

### Method:

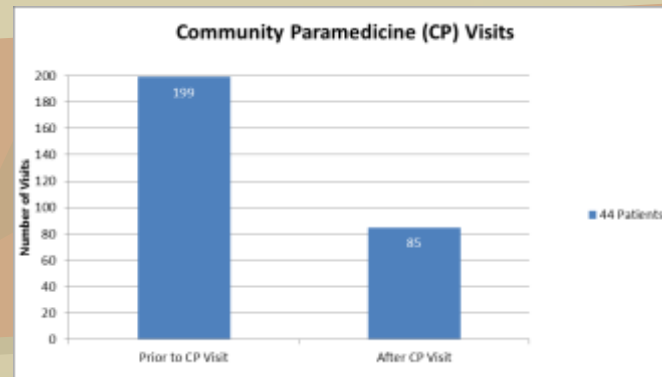
- On duty trained paramedic crew visits home one time.
- Isolate patient needs based on home environment.
- Address immediate roadblocks to health and well being of patient.
- Referral to appropriate health/community agencies.

### Benefits:

- Utilization of on duty hospital based medics with expertise and patient rapport skills.
- No additional health care cost.
- Increased referrals to outside entities.
- Immediately deployable work force.
- Decreased use of Emergency Services
- Keeping patients healthy and in their own home.
- Increased staff satisfaction.



## WE CARE FOR OUR COMMUNITY



Number of ED visits

### Case Study:

- 30 y/o male non-complaint seizure patient, frequent emergency services utilizer.
- One home visit: 24 minutes.
- Roadblocks found:
  - Outdated medications
  - Lack of PCP identification
  - Lacking medication management/education
  - Lack of home necessities
- Outcome:
  - PCP identified and appointment made for same day.
  - Referral to Public Health agency for overall health care maintenance.
  - Dramatic decrease of emergency services usage.
  - Cost savings estimated to be:

# **FORT DODGE COMMUNITY PARAMEDICINE**

- **“CLINICAL” TIME WITH MINNESOTA CP**
- **WEB BASED TRAINING WITH HENNEPIN TECHNICAL COLLEGE IN MINNESOTA**
  - **KAI HJERMSTAD**
  - **DR. WILCOX**
- **JUST WITH THE REFERRAL AND HOME BASED ASSESSMENT-OVER \$110,000 IN JUST OVER 100 VISITS**



# WHAT WILL WE LEARN TODAY

- **WHAT IS COMMUNITY PARAMEDICINE**
- **WHAT IS “SCOPE OF PRACTICE” COMPARATIVELY**
- **WHAT HAS BEEN DONE AND IS BEING DONE**
- **HOW TO BUILD A COMMUNITY PARAMEDICINE PROGRAM**
- **HOW CAN YOU START TODAY TO EMPLOY COMMUNITY PARAMEDICINE**

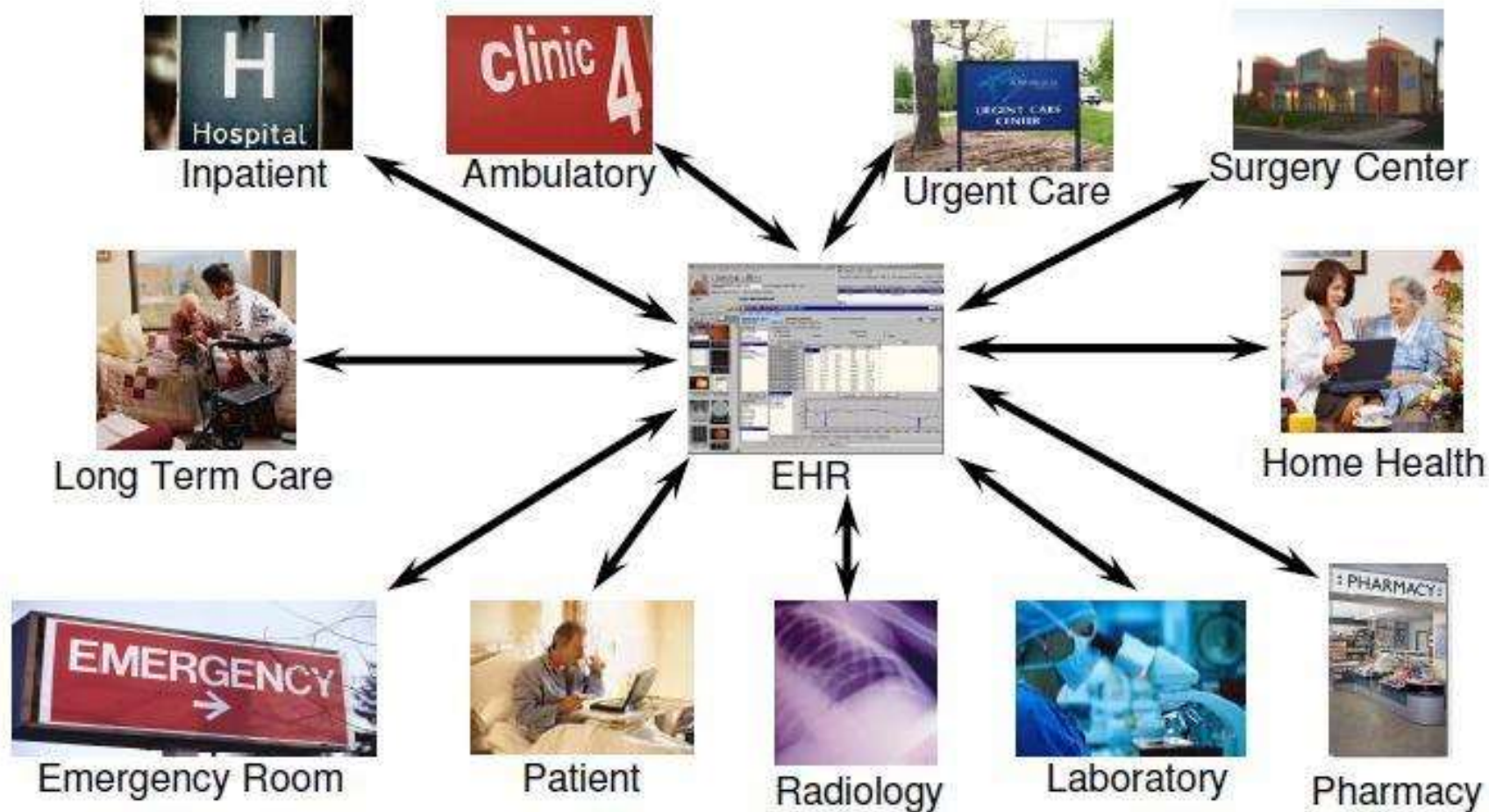
# WHAT IS COMMUNITY PARAMEDICINE

- **“THE USE OF PRE-HOSPITAL CARE PROVIDERS IN NON-TRADITIONAL ROLES”**
- ***EMERGENCY MEDICAL SERVICES (EMS) OF THE FUTURE WILL BE COMMUNITY-BASED HEALTH MANAGEMENT THAT IS FULLY INTEGRATED WITH THE OVERALL HEALTH CARE SYSTEM. –EMS AGENDA FOR THE FUTURE***
- **GENERALLY SPEAKING IT IS USING THE FULL EXTENT OF WHAT A PREHOSPITAL PROVIDER CAN BRING TO THE COMMUNITY AT LARGE.**
- **USE OF CHAPTER 2 OF EVERY EMS TEXTBOOK**

# **HISTORY IN THE MAKING**

- **EMS HAS TRADITIONALLY TAKEN PATIENTS TO GET THEIR CARE NEEDS MET**
- **CHANGES TO HEALTHCARE HAS “DECENTRALIZED” THIS PHILOSOPHY**
  - **PREVENTION IS PROMOTED**
  - **ACCOUNTABILITY IS ACKNOWLEDGED**
  - **RESOLUTION IS REQUIRED**
- **THROUGHOUT ALL THESE CHANGES EMS WAS LEFT OUTSIDE THE MEDICAL “SILO”**
- **COMMUNITY PARAMEDICINE WAS THE RESULT OF A KEY PLAYER BETWEEN ALL OTHER ENTITIES TEARING DOWN THESE SILOS TO BRING THE CARE NEEDS TO THE PATIENT.**

## Integrating information from multiple sources





# SCOPE OF PRACTICE-FOR COMPARISON

**HISTORICALLY:**  
**PARAMEDIC-SKILLS/PROTOCOLS**

**CONTINUED EDUCATION**

**MOVING FORWARD:**  
**COMMUNITY PARAMEDIC=CLINICAL CARE PLAN/SOCIAL DETERMINATES/SKILLS**

# SCOPE OF PRACTICE

- **INITIAL TRAINING IS FOCUSED ON EMERGENT TREATMENT.**
- **CONTINUED EDUCATION TAUGHT AREAS SUCH AS CHRONIC DISEASE MANAGEMENT**
  - **WELL WITHIN SCOPE OF PRACTICE**
  - **VALUED EDUCATION TO SEASONED MEDICS**

# WHAT HAS BEEN DONE

- **NATIONALLY**
  - **COLORADO, MINNESOTA, ARKANSAS HAVE COORDINATED AND SEASONED PROGRAMS**
  - **MULTIPLE STAKEHOLDERS ALREADY PREDICTING MILLIONS OF DOLLARS SAVED**
  - **CURRICULUM BEING DEVELOPED**
- **LOCALLY**
  - **PARTICIPATION IN HEALTHCARE COALITION INFRASTRUCTURE FOR EMS**
  - **MIH-CP EMBRACED**
  - **EMS AGENDA FOR THE FUTURE. THIS COORDINATES WITH MIH-CP**
- **IDPH**
  - **TOOLKIT**
  - **STATE LEVEL SUBCOMMITTEE WITH STAKE HOLDERS**

# **PROGRAMS ALREADY IN IOWA!!!!**

- **MERCY OF DES MOINES/EMS-COORDINATED INTEGRATED CARE**
- **FORT DODGE FIRE/EMS AND UPH TRINITY-COMMUNITY REFERRAL SYSTEM/REDUCTION OF USE**
- **SIOUX CITY/SPI JUST LAUNCHED-REDUCTION OF SUPERUSERS**



# **HOW DO YOU BUILD A MIH-CP PROGRAM**

- **PROVIDERS!!!**
  - **SEASONED MEDICS**
  - **MEDICAL DIRECTORS**
  - **COLLABORATIVE HEALTHCARE PARTNERS-THIS MAY NEED TO BE CREATED**
  - **CULTIVATE PROFESSIONALISM-EDUCATE TO BUSINESS PLANS, CRITICAL CONVERSATIONS, ETC.**
- **NEEDS ASSESSMENT**
  - **CHNA**
  - **COMMUNITY HEALTH RANKINGS**
  - **DATA USA**
- **RESOURCE ASSESSMENT**
  - **AVAILABLE ASSETS, SUCH AS PUBLIC HEALTH AND HOSPITAL AND OTHER HEALTHCARE PARTNERS**
  - **AVAILABLE RESOURCES TO OFFER TO THE COMMUNITY**

# HOW TO BUILD A MIH-CP PROGRAM

- **ONCE NEEDS AND ASSETS ARE DETERMINED:**
  - **EDUCATE**
  - **DOCUMENTATION**
- **MATRICES**
  - **METRIC IDENTIFICATION**
  - **MANAGEMENT AND EVALUATION**

## ***EXPECT CHALLENGES***

- **RESOURCES AVAILABLE ON IDPH BETS WEBSITE TO GUIDE IF NEEDED**
- **EMS IS A COVERED ENTITY (HIPAA)**

# WHAT CAN YOU DO TODAY

- **EMBRACE INTEGRATION**
- **EMBRACE INNOVATIONS AND DISRUPTIONS IN HEALTHCARE DELIVERY**
- **EMPOWER ALL THOSE IN HEALTHCARE TO:**
  - **BREAK DOWN SILOS**
  - **COLLABORATION DOESN'T DESTROY COMPETITION**

# WEBSITES

- COUNTY HEALTH RANKINGS
- DATA USA
- IDPH-MIH CP



# QUESTIONS